

Parcel No.: \_\_\_\_\_  
Permit: MH \_\_\_\_\_  
Receipt No.: \_\_\_\_\_

## TOWN OF DEWEY-HUMBOLDT

P.O. BOX 69  
HUMBOLDT, AZ 86329  
928-632-8643 • FAX 928-632-7365

PERMIT EXPIRES 6 MONTHS  
FROM DATE OF ISSUE



### APPLICATION FOR MOBILE / MANUFACTURED HOME INSTALLATION PERMIT

| Check Utility  | Check Attached Accessory Structure on your Contract   | For Official Use Only                  | Inspections  | Insignia | Date | Approved by Initials |
|--|---|--|--|----------|------|----------------------|
| <input type="checkbox"/> WATER<br><input type="checkbox"/> SEWER/SEPTIC<br><input type="checkbox"/> GAS<br><input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> AWNINGS APPROVED PLAN<br><input type="checkbox"/> GARAGES NO # _____<br><input type="checkbox"/> PORCH<br><input type="checkbox"/> SKIRTING/RETAINING<br><input type="checkbox"/> OTHERS | DATE ISSUED<br>FEES REC'D<br>ISSUED BY | WATER<br>SEWER<br>GAS-NAT/LP<br>ELECTRIC<br>PIERS/FOOTINGS   |          |      |                      |
| <b>Owner Name</b>  |   |  | COOLER   |          |      |                      |
| Mailing Address  |   |  | REFRIGERATION  |          |      |                      |
| City/Town State Zip  |   |  | PATIO  |          |      |                      |
| <b>Installation Address</b>  |   |  | ABOVE GND SKTG   |          |      |                      |
| City/Town County Zip   |   |  | GRND SET FOUND   |          |      |                      |
| Unit Manufacturer Date of Mfg. or Year   |   |  | AWNINGS  |          |      |                      |
| Unit Serial # Size   |   |  | GARAGES  |          |      |                      |
| <b>Unit Installer's Name</b>   |   |  | HUD LABEL #S   |          |      |                      |
| Address  |   |  | <b>This permit provides for three (3) inspections. One of which is reserved for accessory structures, if appropriate. Any additional inspection will be charged at the rate of \$50.00 per hour.</b> |          |      |                      |
| City/Town County Zip   |   |  |  |          |      |                      |
| License # License Class Bus. Phone   |   |  |  |          |      |                      |
| <b>Accessory Installer's Name</b>  |   |  | <b>A detailed map showing nearest major intersection and exact location must accompany this application.</b>   |          |      |                      |
| Address  |   |  |  |          |      |                      |
| City/Town County Zip   |   |  |  |          |      |                      |
| License # License Class Bus. Phone   |   |  | <b>A copy of the state approved engineered plans for permanent foundation walls is required upon submittal.</b>  |          |      |                      |
| <b>Dealer's Name</b>   |   |  |  |          |      |                      |
| Address  |   |  |  |          |      |                      |
| City/Town County Zip   |   |  | <b>Call-in for all inspections is required. 928-632-8643</b>   |          |      |                      |
| License # License Class Bus. Phone   |   |  |  |          |      |                      |
| <b>Permit Purchaser Signature X</b>  |   |  |  |          |      |                      |
| <b>Date:</b>   |   |  |  |          |      |                      |